

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		①				
8		1				
9		1				
10		③				
11		④				
12	1					
13		1				
14		1				
15		2				
16	1					
17	1					
18		①				
19		②				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						